# Victim/Witness Assistance Program of Adams County

*Support Services for Victims of Crime*

## RESTITUTION FORM

**Defendant:** _____ **Case Number:** _____

**Name of Victim**_____ **Phone Number**_____

As the victim of a crime, you have the right to submit a restitution request for any direct financial loss as a result of this crime. This statement is not confidential and may be given to the defense counsel. Therefore, the defendant may see it as well.

**1. PHYSICAL INJURY AND/OR COUNSELING (medical, counseling, prescription, etc.)**

Is your treatment completed? _____Yes _____No Have you received all bills? _____Yes _____No

Please list any and all medical and/or counseling out of pocket losses. Please attach all bills and/or receipts. *Use additional pages if necessary.*

| ***Date of service*** | ***Provider (doctor, hospital, counselor, prescription, co-pay)*** | ***Amount*** |
|---|---|---|
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |
| _____ | _____ | $_____ |

Insurance type: ___None ___Auto ___Medical ___Work Benefit ___Other **Total amount insurance paid $**_____

**Total amount of personal out of pocket loss $**_____

**2. PROPERTY (damaged, lost, or stolen)**

Please list the item, its value and check whether insurance covered any loss. Please attach all bills, estimates, receipts, and/or proof of value. *Use additional pages if necessary*.

| ***Item*** | ***Value*** | ***Insurance*** |
|---|---|---|
| _____ | $_____ | _____ |
| _____ | $_____ | _____ |
| _____ | $_____ | _____ |
| _____ | $_____ | _____ |

Insurance type: ___None ___Auto ___Homeowner ___Renter ___Defendant ___Other

Did you pay a deductible? _____No _____Yes If yes, how much? $_____

**Total amount of out of pocket loss $**_____

**3. FINANCIAL (forgery, bad checks, credit/debit card misuse, etc.)**

Were you reimbursed? ___No ___Yes If yes, how much? $_____ **Total amount of out of pocket loss $**_____

**4.** If there is **NO RESTITUTION** owed to you, please check this box and return the form to us. ☐

**Signature of Victim** _____ **Date** _____

**RETURN TO:** Victim/Witness Assistance Program, 117 Baltimore Street, Gettysburg, PA 17325

Phone: 717-337-9844 | Fax: 717-334-3859